

BURNNEY WATER DISTRICT

APPLICATION FOR EMPLOYMENT

| | | | | |
|---|-----------------------------|--|---|------------------------|
| PERSONAL INFORMATION | | | | |
| | | | | DATE _____ |
| NAME | | | | SOCIAL SECURITY NUMBER |
| | LAST | FIRST | MIDDLE | |
| PRESENT ADDRESS | | | | |
| | | STREET | CITY | STATE ZIP |
| PERMANENT ADDRESS | | | | |
| | | STREET | CITY | STATE ZIP |
| PHONE NO. | CELL PHONE NO. | | ARE YOU OVER 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? | | | YES _____ | NO _____ |
| EMPLOYMENT DESIRED | | | | |
| POSITION | | DATE YOU CAN START | | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? | | IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? | | |
| EVER APPLIED HERE BEFORE? | | WHEN? | REFERRED BY | |
| EDUCATION | | | | |
| | NAME AND LOCATION OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
| GRAMMER SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE | | | | |
| GENERAL | | | | |
| DO YOU HAVE A VALID CALIFORNIA DRIVER'S LICENSE? YES _____ NO _____ DRIVER'S LICENSE NUMBER _____ | | | | |
| A DMV Printout is required for employment If at any time an employee becomes uninsurable or is convicted of Driving Under the Influence he/she may be subject to dismissal. | | | | |
| <p>The District has a policy of requiring a physician's physical fitness exam, together with urine drug testing of persons who have been offered employment. Individuals who are determined by the physician not to be physically fit for duty, or who test positive for controlled substances, will not be employed. If you have reason to believe that you will not pass a physician's physical examination, or will test positive for the presence of controlled substances, or if you are unwilling to consent to such an examination or test if offered employment, it is recommended that you not submit this application.</p> <p>The District also reserves the right to conduct a pre-employment criminal background check. Any misstatements or omissions of material facts in this application may be cause for termination. Employment is at the discretion of the District Manager.</p> | | | | |
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK | | | | |
| SPECIAL SKILLS | | | | |
| WHAT KIND OF HEAVY EQUIPMENT DO YOU OPERATE? | | | | |
| PRIOR COMMUNITY INVOLVEMENT INCLUDING SERVICE ORGANIZATIONS | | | | |
| U. S. MILITARY SERVICE? | | RANK | PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES | |

| FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST) | | | | |
|--|------------------------------|--------|----------|--------------------|
| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOW FOR AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YEARS AQUAINTED |
|------|---------|----------|--------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

IN CASE OF
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE DISTRICT'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE DISTRICT. I UNDERSTAND THAT NO DISTRICT REPRESENTATIVE, OTHER THAN IT'S MANAGER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: _____
Signature of Applicant

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS:

NEATNESS ABILITY

HIRED: YES _____ NO _____ POSITION

STARTING SALARY DATE REPORTING TO WORK

APPROVED BY: _____
District Manager